

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Not Yet Assigned
Filing Date	August 18, 2006
First Named Inventor	Graham Eastham
Title	A CATALYST SYSTEM
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket No.	31229-233960

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: 26694

OR

Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

Firm or Individual Name:

Address:

City: State: Zip:

Country: Telephone: Email:

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	30.10.2006
Name	Graham Eastham	Telephone	01642 447109
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

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**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	Not Yet Assigned
Filing Date	August 18, 2006
First Named Inventor	Neil TINDALE
Title	A CATALYST SYSTEM
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket No.	31229-233960

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: 26694

OR

Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

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 The address associated with Customer Number:

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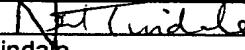
 Firm or Individual Name: Address: City: State: Zip: Country: Telephone: Email:

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	30.10.06
Name	Neil Tindale	Telephone	01642 447161
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.